

SPECIAL MILK PROGRAM DAILY MILK COUNT SHEET

Name of Town or School: _____

Agreement #: _____

of Milks Served to Children

Beginning Inventory: _____

	1	2	3	4	5	6	7
Day	Free	Served/ Paid	Total Milk Served Add 1 & 2	Total Milk Served Adults	Total ½ pints Consumed Daily	Total Daily Milk Delivery	Milk Left over at Close of Each Day
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
TOTALS							

7 B 7C
(Record on ED 103)

Beginning Inventory	_____
Month's Milk Purchases	_____
Total Milk Available	_____
Ending Milk Balance	_____
Total Milk Consumed	_____